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Projective Techniques: The Value of the Rorschach  
and Thematic Apperception Tests

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### Abstract

Projective techniques are one type of method used to assess personality. These techniques are unstructured and require subjective interpretations from the examiner. Two examples of projective instruments are the Rorschach Inkblot Test and the Thematic Apperception Test. Recent trends to use more structured assessment tools have developed due to criticisms of these two measures. Evidence of reliability, validity, along with strengths and weaknesses of each instrument are presented. Despite the controversy surrounding these measures, they continue to be among the most popular psychological assessment tools today.

## Projective Techniques: The Value of the Rorschach and Thematic Apperception Tests

There are many personality assessment procedures available, which vary with respect to structure and content. Certain tests are highly structured with carefully selected questions and a limited range of possible responses that are objectively administered and scored. Other tests are referred to as projective personality tests. These projective tests are less structured and allow for a variety of responses. It is the hope of these tests to uncover the major complexities of personality in order to better understand the entire individual (Rose, Kaser-Boyd, & Maloney, 2001). Two examples of projective personality tests that will be examined in this paper are the Rorschach Inkblot Test and the Thematic Apperception Test (TAT).

According to Frank (1948), responses to projective techniques reflect needs, motives, feelings, experiences, and thought processes automatically, which is known as the projective hypothesis. All projective techniques allow individual interpretation of task demands and in organizing responses (Teglasi, 2001). Responses are usually in the form of completed sentences, associations, or descriptive or storytelling responses (Anastasi, 1988).

Despite much criticism over the years, projective techniques continue to be administered by professionals today. A survey conducted by Watkins, Campbell, Nieberding, and Hallmark (1995) of clinical psychologists revealed that the most popular personality tests were the Minnesota Multiphasic Personality Inventory (MMPI-2), Rorschach, and Thematic Apperception Test (TAT). This survey also revealed that both the Rorschach and the TAT ranked in the top 10 of the most frequently used assessment tools.

## Rorschach Inkblot Test

The Rorschach Inkblot Test was created by Hermann Rorschach, based on his variation of the child's game Blotto (Hess, Zachar, & Kramer, 2001). Since its early development, the Rorschach has received critical and controversial reviews. Much of the development of the test has occurred in the years after Rorschach's death in 1922 (Rose et al., 2001). Despite controversy over the reliability and application of the Rorschach, it continues to be one of the most popular methods of assessing adult personality today (Rose et al.).

The Rorschach consists of 10 plates, each containing a symmetrical inkblot. Five blots appear in black and white, two appear in black, white, and red, and three are composed of pastel colors (Hess et al., 2001). Each inkblot is then presented one at a time and the responder is asked to respond to each inkblot separately. Responders are instructed to describe what the inkblot might be. If only one response is given, the examiner might ask if the inkblot looks like anything else, often resulting in more than one response (Hess et al.).

In the 1950s and 1960s, the test was criticized because it lacked standardized procedures and a set of norms (Lilienfeld, Wood, & Garb, 2001). During this time many psychologists adopted Rorschach's system for scoring the assessment. However, others developed their own interpretive systems of scoring the test (Hess et al., 2001). This led Exner (1974) to develop the Comprehensive System, which established rules for delivering the test and for interpreting the responses, along with providing norms for both children and adults.

### *Reliability*

Tests with open-ended responses, such as the Rorschach, must be scored subjectively. This raises a question for consistency between various raters, known as inter-rater reliability (Hess et al., 2001). Finding evidence for inter-rater reliability for the Rorschach is not easy

because there are so many scoring categories. In regard to the Comprehensive System, trained scorers agree with expert scorers between 88% and 99% of the time (Hess et al.). Other research reveals that strong agreement is achieved for only about half of the characteristics examined by those who score Rorschach responses (Lilienfeld et al., 2001). Inter-rater reliability may also be low in examiners who are not well trained or experienced (Rose et al., 2001).

Test-retest reliability, or the ability of a test to measure a trait that is supposed to be stable over time (Hess et al., 2001), is also important. Many variables in the Comprehensive System show reliability estimates at or above .70 at both 1-year and 3-year intervals (Exner, 1974). Exner and Weiner (1995) have noted however that test-retest reliability estimates of the Comprehensive System with children are low. These reliability estimates increase as participants reach later adolescence. Exner and Weiner attribute this to the rapid developmental changes that occur during childhood. With this in mind, the test-retest reliability of the Comprehensive System is significantly higher.

### *Validity*

Surveys of clinical settings such as Piotrowski and Keller's (1989) of 413 outpatient mental health facilities, found that more than 80% of the responding agencies used the Rorschach. Watkins et al. (1995) survey of 412 clinical psychologists revealed that 82% of the respondents used the Rorschach. Because the Rorschach is an ambiguous, unstructured task, it produces data that may not be produced by self-report measures (Rose et al., 2001). The Rorschach has also been the topic of many studies. It ranks second to the MMPI in research articles published between 1974 and 1994 (Rose et al.).

Meta-analytic studies have found that validity coefficients for the Rorschach are not significantly different from those for the MMPI (Atkinson, 1986; Parker, Hanson, & Hunsley,

1988). Hiller, Rosenthal, Bornstein, Berry, and Brunell-Neuleib (1999) also reported similar findings. They found the Rorschach to have a mean effect size of .26 and those of the MMPI to have a mean effect size of .37, both respectable for personality tests. Much of the criticism of the Rorschach results from research conducted before the use of the Comprehensive System (Rose et al., 2001).

Despite these findings, the Rorschach's validity also indicates that it is not accurate in identifying most psychiatric conditions, with the exceptions of schizophrenia and bipolar disorder (Lilienfeld et al., 2001). The Rorschach does not consistently detect depression, anxiety disorders or psychopathic personality (Lilienfeld et al.). Other evidence suggests that the Rorschach norms meant to distinguish mental health from mental illness are unrepresentative of the United States population and make many adults and children seem maladjusted (Lilienfeld et al.). Results from the inkblots may be even more misleading for minorities. Results have revealed that scores from African-Americans, Native Americans, Native Alaskans, Hispanics, and Central and South Americans differ significantly from the norms (Lilienfeld et al.).

#### *Administration, Scoring, and Interpretation*

Administration procedures for the Rorschach are fairly simple and standardized (Rose et al., 2001). Administration procedures are the same for both children and adults, and scoring rules are also standardized (Rose et al.). The Rorschach provides data about cognitive and emotional variables that can be analyzed quantitatively and qualitatively and interpreted from different theoretical perspectives (Rose et al.). This test can also be integrated with data from other psychological tests because the language is consistent with general psychological descriptions (Rose et al.).

One weakness of interpretation is that advanced training is required (Rose et al., 2001). Interpretation is also the least well-taught subject in basic Rorschach training (Rose et al.). Examiners are also required to become familiar with Rorschach research, especially for the population he or she is testing (Rose et al.), to become better prepared to administer the test.

### Thematic Apperception Test

By the time the Thematic Apperception Test (TAT) was being developed, the Rorschach was beginning to gain popularity. The creators of the TAT, Christina Morgan and Henry Murray, utilized storytelling about pictured scenes to illicit motives, intentions, and expectations (Teglasi, 2001). Murray developed a theoretically based system for interpreting the stories told, but the variability of the storytelling technique eventually led to many interpretive approaches for the TAT pictures (Teglasi). Other storytelling assessment instruments include Robert's Apperception Test for Children, Tell-Me-A-Story, and the Children's Apperception Test.

The TAT consists of 31 black-and-white picture cards, most containing people, and one card completely blank (Hood & Johnson, 1997). Examples include a boy thinking about a violin and a confused woman holding an open door (Lilienfeld et al., 2001). Typically, 20 cards are presented in a test administration (Hood & Johnson). The selection of cards presented to respondents varies with clinicians (Lilienfeld et al.). Examinees are asked to tell a story about each picture including as much detail as possible (Hood & Johnson).

#### *Reliability*

Inter-rater reliability of the TAT is similar to that of the Rorschach. Because storytelling responses are open-ended, the task of finding evidence for inter-rater reliability is not easy. Inter-rater reliability for thematic techniques tends to be high when interpretive criteria are clearly designated and interpreters are well trained in the rating procedure (Lundy, 1985). Under

these conditions, agreement between raters often exceeds the .80 to .85 range, which is generally considered adequate (Lundy).

There are two important considerations regarding test-retest reliability: whether the focus is on similarity of story content or similarity of the clinician's judgment (Lundy, 1985), and whether the personality construct under consideration is relatively stable or fluctuating (Cramer, 1996). The reliability of the specific content is less relevant than consistency of the interpretive meaning of the response (Teglasi, 2001). Stories of the TAT tend to remain stable, at least for short periods of time (Locraft & Teglasi, 1997). However, other research has indicated that some of the standardized scoring systems display weak test-retest reliability over longer periods of time (Lilienfeld et al., 2001).

### *Validity*

Tomkins (1947) did not believe it was appropriate to ask if the TAT is a valid test. Rather, he thought it was important to question whether inferences based on the test are likely to be true. In other words, to what extent do scores from a particular TAT measure relate to other criteria in a predicted manner?

To demonstrate forms of construct validity, a relationship must exist between the TAT measure and some independent measure of personality (Cramer, 1996). Measures of the TAT are often criticized because correlations obtained are not as high as those obtained from self-report questionnaires (Cramer). Researchers of the TAT note that although questionnaire scores tend to correlate well with scores from other similar questionnaires, they are less successful in predicting real behavior (Cramer). Research has indicated that TAT scores do correlate with independent measures of behavior in meaningful ways (Cramer). The TAT and self-report measures of achievement motivation both correlate with external criteria, but the patterns of

correlations are different (Teglasi, 2001). These differences support the conclusion that self-report and storytelling measure different achievement-related constructs, and they cannot be used interchangeably (Teglasi).

Other studies have found validity of the TAT to be questionable (Lilienfeld et al., 2001). Several scoring systems have been unable to differentiate normal individuals from those who are psychotic or depressed (Lilienfeld et al.). Other standardized scoring systems for the TAT do appear to be accurate in determining aspects of personality, notably the need to achieve and a person's perceptions of others (Lilienfeld et al.).

#### *Administration, Scoring, and Interpretation*

The TAT is confusing in part because its administration is usually not standardized (Lilienfeld et al., 2001). Most clinicians also interpret people's stories intuitively instead of following a well-tested scoring procedure (Lilienfeld et al.). Some evidence suggests that clinicians who interpret the TAT in an intuitive way are likely to overdiagnose psychological disturbance (Lilienfeld et al.).

The value of interpretation is determined by its effect (Cramer, 1996). The goal is to understand the interpretation of each story (Cramer). Rather than searching for evidence from the past that might validate an interpretation of the TAT, looking to the future might explain aspects of the storyteller's life or show the interpretation to be false (Cramer). The criterion for a good interpretation is whether it will produce new meanings, clarify current struggles, or demonstrate new relationships (Cramer).

#### Discussion

Projective techniques are a large part of personality assessment, despite the criticisms. Many academic psychologists have expressed the belief that knowledge of projective testing is

not as important as it used to be and that use of projective tests will likely decline in the future (Piotrowski & Zalewski, 1993). However, most PhD and PsyD clinical psychology training programs include formal instruction in the use of the Rorschach (Piotrowski & Zalewski), and the majority of the internship sites approved by the American Psychological Association place a high value on knowledge of the method (Durand, Blanchard, & Mindell, 1988). Recent trends have focused on the use of the Rorschach in addition to the MMPI-2, rather than as an alternative, which allows for the integration of the strengths of these two approaches (Weiner, 1993). Some mental health professionals argue that projective techniques have a long history of constructive use and, when administered and interpreted properly, can provide a clear picture of the mind, just as good, if not better than self-reports (Lilienfeld et al., 2001).

Although much criticism and confusion surrounds the Rorschach Inkblot Test and the Thematic Apperception Test regarding reliability and validity, the tests continue to be used. The TAT is used as a clinical assessment tool and research instrument to study motivation and fantasy (Butcher & Rouse, 1996). Although much of the research on the TAT centers around nonclinical studies with normal populations, clinical samples are still emphasized (Butcher & Rouse). Research continues to be conducted on norms and on the development of scoring methods (Butcher & Rouse).

The future of the Rorschach Inkblot Test and the Thematic Apperception Test are uncertain. They continue to be popular psychological assessment instruments, although they are heavily criticized. Because of the interpretation needed for these projective instruments, opinions and research alike, vary greatly. Will these instruments give way to objective self-reports, or will they be able to survive in the world of psychological testing?

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